

Student Information Sheet

2002-2003

Student's **Last Name, First Name**

Please take this sheet home and have your parents help you fill it out. Return it to **Mrs. H-B** tomorrow. All information provided on this sheet is considered confidential and will only be used for reference and to establish contact with parents when necessary.

My parents'/guardians' names are (please include first and last names):

Our home telephone number is: _____

E-mail addresses:

Mother/guardian _____

Father/guardian _____

My e-mail address _____

Our home address is (include zip code):

Father's (male guardian's) place of work and phone number there (if applicable):

Mother's (female guardian's) place of work and phone number there (if applicable):

List any special needs you have that need to be addressed by the teacher (for example, if you have difficulty seeing or hearing, you may need to sit in a specific place in the classroom to make learning easier):

8. Please write out your school schedule here:

Period	Subject	Teacher's last name
1 st		
2 nd		
3 rd		
5 th		
6 th		
7 th		
8 th		

Alissa Huelsman-Bell

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